



**SCHOLARSHIP FORM**

**Well Water Clinic**

( PLEASE PRINT LEGIBLY )

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, Virginia Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

Total Household Income from All Sources  
(Monthly): \_\_\_\_\_

Total Number of People (Including Yourself)  
Supported by Total Income: \_\_\_\_\_

Reason for Requesting A Scholarship: \_\_\_\_\_

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Return this form to:

Glenn Sturm or gjsturm@vt.edu  
7400 Carriage Court (physical address)  
P.O. Box 156 (mailing address)  
Gloucester, VA 23061-0156

For additional information, contact Glenn Sturm at 804-693-2602 or gjsturm@vt.edu

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